

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)**

SERIAL NO.  
**91732506**  
APPLICANT'S

FILING DATE  
**12-6-00**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.		DEP.		IND.		DEP.	
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TOTAL IND.	3													
TOTAL DEP.	52													
TOTAL CLAIMS	55													

TOTAL IND. **5**  
TOTAL DEP. **47**  
TOTAL CLAIMS **52**

15  
57  
62